



TEMPORARY SIGN PERMIT APPLICATION

SECTION I: APPLICANT & PRIMARY CONTACT INFORMATION

Applicant Name: _____

Mailing Address: _____

Phone: _____ Fax: _____

Primary Contact Name: _____

Affiliation with project: _____

Phone: _____ Email: _____

SECTION II: PROPERTY INFORMATION

Name of Property/Shopping Center: _____

Name of Business Opening: _____

Address of Subject Property: _____

Dates of Use: _____ to _____

Type of Temporary Sign Requested: _____

SECTION III: SUBMITTAL REQUIREMENTS

Please provide the following information for all signage, banners, pennants or displays*:

Office

Check-in	Applicant
Use Only	Checklist

- | | |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Size(s) |
| <input type="checkbox"/> | <input type="checkbox"/> Quantity |
| <input type="checkbox"/> | <input type="checkbox"/> Material(s) |
| <input type="checkbox"/> | <input type="checkbox"/> Location(s) |
| <input type="checkbox"/> | <input type="checkbox"/> Proposed Text |
| <input type="checkbox"/> | <input type="checkbox"/> Dimensioned illustration(s) including locations |
| <input type="checkbox"/> | <input type="checkbox"/> Fees: \$25.00 |

***Banners may not exceed thirty-two (32) sq. ft. in size and only one (1) banner is allowed per street frontage**



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I have read this Temporary Sign Permit Application and understand that if my application is not complete in all respects it will not be processed until such time as it is complete.

Signature of Applicant

Date

OFFICE USE ONLY

Case #:

Fees:

Fee paid:

Date of Submittal:

Accepted by:

Date of Expiration:

Total Number of Permits Issued This Year:

Approved by: _____ Title: _____ Date: _____